

Benefits – Change in Status Checklist

Directions: When you experience a change in status, it is important to update certain benefits and beneficiary information. Your application for changes and documentation must be submitted to Human Resources at mailstop 503 within 30 days (unless otherwise stated in our [Employee Status Change Guidance](#)) of a loss of coverage and/or change in status. If you do not submit your application within 30 days, you must wait until the next annual open enrollment to enroll, remove coverage, or change your current benefit elections. Beneficiaries may be updated at any time during the year. Please submit the applicable forms and documentation to Human Resources at mailstop 503.

1. If you are keeping your current health benefits and adding a dependent, submit the [Add Dependent Form](#)
2. If you are keeping your current health benefits and removing a dependent, submit the [Remove Dependent Form](#)
3. If you are changing your current benefit plans and adding/removing a dependent – Submit the applicable medical, vision, and dental enrollment forms and documentation to Human Resources:

Medical/Vision Enrollment Forms	Group	Employee Category
Regence Enrollment Form (*Also used for Vision)	#10008695	All categories
Group Health Alliant Plus Enrollment Form	#5910400	A, B, C, E, & I
Group Health Options Enrollment Form	#0617700	D & G
Group Health Options Enrollment Form	#6432900	F & H

Dental Forms	Group	Employee Category
Delta Dental of WA PPO Enrollment Form	#00444	All categories
Delta Dental of WA Delta Care Enrollment Form	#00114	
Willamette Dental Group Enrollment Form	#WA175	

4. Complete the [Waiver of Healthcare Coverage](#) if you are declining benefits due to other coverage
5. Complete the [Personal Information Update Form](#) – Used to submit a name change, address and phone number changes, and/or to update your emergency contacts
6. Complete the [Supplemental AD&D Enrollment form](#) – Used to add Supplemental AD&D coverage
7. Complete the [Cancellation of Voluntary Deduction Form](#) – Used to cancel Supplemental AD&D Insurance
8. Complete [The Hartford Supplemental Life Enrollment/Change Form](#) – Used to:
 - a. Increase Supplemental Life Insurance (Include a [Personal Health Application](#))
 - b. Decrease or terminate Supplemental Life Insurance coverage
9. Complete a [FSA enrollment form](#) or [Change in Status Form](#)
10. Update your [W-4](#) allowances
11. Update your [Life Insurance Beneficiaries](#)
12. Update your [DRS Retirement Beneficiaries](#) (Send directly to DRS)
13. Update your [Nationwide Deferred Compensation Beneficiaries](#)